







Advancing Health Equity: Maximizing Data and Partnerships

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Learning Objectives



- Describe the process of leveraging demographic data to identify areas for improvement while addressing disparities in healthcare access and quality.
- Discuss methods to address obstacles in healthcare access for the underserved populations while incorporating health equity and diversity.







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Unveiling the Project





Louisiana is the least healthy state in the nation.



In 2019, the Louisiana Department of Health (LDH) launched a Managed Care Incentive Payment Program (MCIP).



Managed care organizations work with providers to meet project milestones and goals related to health outcomes.



MCIP incentivizes organizations to improve health outcomes.



The program increases primary and preventive care services and directs members to the most appropriate level of care.



LDH sets new health specific metrics annually.



Dashboards support attribution, metric compliance, and links care coordination resources within the community.



Success is determined by achievement of metrics.



Strategic Efforts



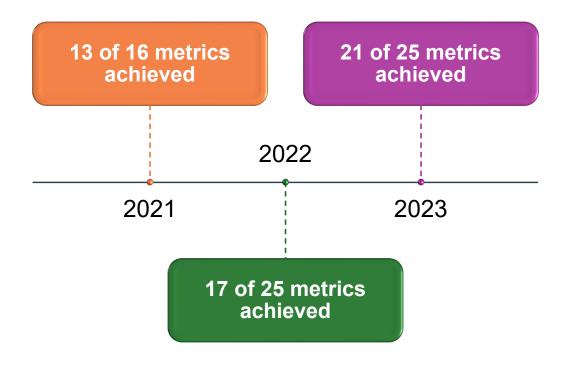
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REFLESTION

Data Analysis



Metric Outcomes:



Impact:

- Improvement in health equity
- Increased community engagement
- Enhanced patient outreach
- Reduced avoidable ED utilization
- Improved health outcomes for hypertension and diabetes
- Increased annual well-child or well-care visits for children and adolescents
- Healthier pregnancies and safer deliveries
- Reinvestment of earnings into various programs within the community
- Financial incentives for the organization

Data Source: Louisiana Department of Health (MCIP) Gjerset & Lorenz LLP

Lessons Learned

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BEFLESTION

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Community involvement

Resource and funding opportunities

Collaboration with community stakeholders

Stormont Vail Health



Lynn Fergola, APRN-C, MSN, Director, Maternal Child Emersen Frazier, BA, MPH, Director, Health Equity and Policy





How We Prioritized Our Health Equity Strategies

Where SVH maternal and infant health interventions live

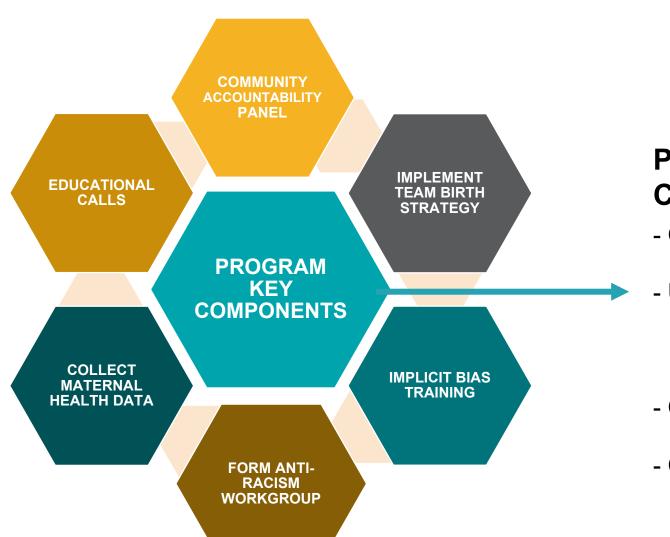
COLLECTING HIGH QUALITY DATA

DISMANTLING STRUCTURAL BIAS

INCREASING TIMELY ACCESS

March of Dimes: Maternal Healthcare Collaborative





PROGRAM KEY COMPONENTS

- Create a culture of equity
- Utilize patient-reported race and ethnicity data to improve birth equity
- Center the patient in decision making
- Create accountability to communities

Data Results



Nine months post go-live demographic data project

- 19% increase in updates to EMR demographic information
- 8.4% decrease in overall blank entry for race and ethnicity
- 3.9% decline in patients refusing to share ethnic background

Four months post go-live maternal/child intervention

- Average disparity in Low Birth Weight declined by 52%
- Average disparity in first trimester appointment rate has declined by 32%
- Average disparity in 9 or more prenatal visits decreased by 29%

Lessons Learned



- Staff buy-in in the beginning will go a long way during the process especially when creating new work-flows.
- Ensuring we are getting informed consent and placing the patient at the center of their care

Key Takeaways



- Improving communication among everyone involved in the healthcare team will improve outcomes. When patients feel safe to ask questions, then they will seek help when appropriate.
- Use community panels/committees to help direct and ensure the changes/improvements are seen in the community.



Questions?

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